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GENERAL OPERATING ROOM RULES, ROYAL VICTORIA HOSPITAL, MONTREAL.

By B. K. Felter, Nurse in Charge.

There should be no confusion in the operating room, each person should become thoroughly acquainted not only with his or her duties, but also those of others employed in the operating room. There should be no unnecessary talking, each movement should be executed quickly and noiselessly, and without coming in contact with other persons. The operating furniture consists of an operating table, a sterile table, two or three footstools, two chairs, two basin stands, one basin for soiled gauze, a pail for waste solutions. Soiled instruments, basins, linen and table to be removed and floor mopped after each operation.

Preparation of Operating Table.—On the table is placed a rubber covered mattress, Trendelenburg crutch, small rubber covered pillow, and the lithotomy posts; a number of sand pillows should be near at hand.

Preparation of Basins.—A jar containing nail brushes in a solution of bichloride of mercury 1-5000 or left dry, a dish of green soap, a nail file, a bottle of glycerine and rose water should be on each basin stand. Brushes used, to be boiled and returned to jars between operations. Towels to be hung over glass at back of basins.

The Scrub Up Table.—This is left ready with a bottle each of ether, double strength tincture of iodine, benzine and columnian spirits. Also a razor, dressing rubbers, some grey cotton bandages, sterile sponges, swabs and forceps.

METHODS FOR THE STERILIZATION OF THE PATIENT'S SKIN.

First Method.—The skin is first thoroughly rubbed for two or three minutes with gauze swabs wrung out of the benzine solution, care being taken not to allow any excess of benzine to run down and remain upon dependent parts where they are in contact with the rubber sheeting under the patient (otherwise a blister may be caused). This is followed by rubbing with gauze soaked in alcohol (columnian spirits is sufficient).

The alcohol removes the benzine and at the same time assists in the sterilization.

Although there is a certain percentage of iodine in the benzine solution, it is usually thought wise to add to the above a third step, consisting in the painting of the skin with Tr. Iodi, as in the Grossich Method.

The composition of the benzine solution is as follows: Benzine, 75 parts; parraffinium liquidum, 24 parts; Tr. Iodi, 1 part. The solution should be well shaken before being applied.

Second Method: Grossich's Method.—This consists in the simple application of Tr. Iodi over the field of operation. It is usual to make a second application after the first has become dry. The skin is not previously prepared in any way, and in particular the use of water shortly beforehand is unwise, as this impedes the full action of iodine. Thus, if shaving is necessary, it is well to have it done some time before the operation, or else to shave dry.

The double strength Tr. Iodi is most frequently the one used. The formula is as follows: 5 per cent. iodine, 1 part; potass. iodi, 1 part; alcohol (94 per cent.), add 20 parts.

Disinfection of the Operating Room.—The walls of the operating room should be washed down once a month with soap and water and hosed down once a week; the furniture once a day or oftener if necessary; the operating table, dressing rubbers and sand pillow, with sanatine or soap after each operation; with creolin 1-160, or bichloride, 1-1000 after every septic case. The department should be dusted daily and always ready for use. Dusting or cleaning should not be done just before an operation, the air of the operating room should always be moist. All windows must be kept closed and draughts avoided; in summer those windows which are to be kept open in rooms adjoining the operating room should be provided with screens. The temperature of the room should be between 70 and 80 degrees F. After cases of streptococcic infection the operating room is disinfected by the formaline process.

Enamel Ware.—Hand basins, pitchers, kidney basins, etc., are scrubbed with soap and water or sapolio and boiled in 1 per cent. solution of soda carbonate for 30 minutes.

Brass and Nickel Work is cleaned weekly with metal polish and a soft cloth, and dusted daily.

Glass Flasks, Basins, etc., are washed once a week with liquid soap and water, followed by oxalic acid crystals, then by liquid ammonia and rinsed with distilled water.

Preparation of the Hands.—Scrub hands and forearms with brush, hot water and spirits of green soap for 5 minutes, paying particular attention to the nails.

Swab hands and forearms with alcohol 70 per cent. for two minutes. If running water be not used, the water must be changed at least twice.

N.B.—Rings must be previously removed and nails carefully pared. This method may be used in preparing the field of operation with the addition of swabbing the skin with ether before applying the alcohol.

Operating Room Costumes.—Surgeons and house surgeons shall wear white linen blouses and trousers. Nurses on duty in operating room shall wear white linen or cotton dresses, putting on a fresh one each day or oftener if necessary, also caps to cover the hair, changing them every second day. The gowns are long sleeved, belted in, and fastened down the back. Surgeons, assistants and nurse in charge will wear sterile gown, rubber gloves and mask for each operation. Gloves and gowns are changed after each operation.

Visiting Doctors and Students are provided with freshly laundered cotton gowns, made long sleeved and loose fitting, which will be found hanging in student's passage; these are to be put on before entering theatre.

Each nurse must wear rubber heels.

The operating room orderlies will wear white cotton blouse and trousers, also coat with red cross on sleeve to wear when leaving the department.

Gowns are of three varieties, for operators and assistants, long and short sleeved as preferred. They are laundered in the usual manner, then each gown is placed in a heavy factory cotton bag pinned up closely and sterilized. Patients' gowns are made long sleeved, of heavy canton flannel. Patients' pneumonia jackets are made of double canton flannel, with the fleecy side out.

Rubber Aprons and dressing rubbers are made of thin double-faced rubber sheeting, they are cleaned after each time of using by scrubbing with soap and water, and wiping off with formaline 1-1000.

Rubber Gloves.—Gloves after use are washed in cold running water on both sides, then boiled from 5 to 15 minutes in a 1 per cent. solution of soda carbonate, dried and powdered with talcum on both sides, patched with rubber (which also has been boiled) by rubbing the surface of both glove and patch with benzine, then with fine sandpaper, then apply rubber cement to glove and allow 5 or 10 minutes to dry, press the patch down over the cement, using a good deal of pressure. Gloves are then mated, placed in heavy factory cotton covers and sterilized by steam for 10 minutes at 10 lbs. pressure. The hands are thoroughly disinfected, dried on sterile towel and powdered with sterile talcum and the gloves put on dry.

Towels should be made of heavy linen toweling 36 by 20 inches, and sterilized in packages of four, with one sheet.

Blankets for use in operating room should be the ordinary single blanket cut in half. This size is most convenient for wrapping round the legs of the patient, or placing over the chest. They are laundered after each time of using.

Head Nurse in operating room is responsible for the care of the whole department, the furniture and apparatus pertaining thereto. She is responsible for the preparation of all instruments, dressings, ligatures, sutures and appliances necessary for each operation. She or her assistant stands at the instrument table during operations and passes such instruments to the surgeon as he may require; she should endeavor in every way to anticipate his wants; she watches closely the nurses who assist her in the operating room, and who are under her direction, and sees that they properly perform their duties. She must not leave her post at the operating table except at the request of the operating surgeon. She delivers such messages as are reported to her to the person for whom such message is intended. She sees that all the instruments and appliances are kept locked when not in use.

Instruments should be kept in their proper places in instrument cases when not in use. Knives should be kept in racks to prevent dulling. Needles should be kept in needle-trays. Instruments made in part of soft rubber should be kept in separate drawers. Needles and knives are boiled separately from other instruments, the needles in a glass tray and knives in a rack with edges up to prevent dulling. They are boiled from 1 to 3 minutes in a solution of 1 per cent. carbonate of soda, 3 drachms to one quart of water; there should always be sufficient solution in the boiler to cover the instruments. Directly after use, instruments should be washed piece by piece in cold running water until all bloodstains are removed, using a stiff nail brush to facilitate the cleansing, particular attention is paid to locks and crevices. Instruments are then boiled from 5 to 20 minutes in the soda solution, following this they are scrubbed with sapolio and liquid ammonia till bright, rinsed in very hot water and dried thoroughly with soft towels and put in their proper places. Each week the cutting edge instruments should be looked over and sent to be sharpened if necessary. There should be a sufficient number of knives to allow a fresh one for each operation. Instruments out of repair should be sent to the office at once.

Nail Brushes should be of the common hand brush variety, of good quality and not so stiff as to abrade the skin.

Soaps.—Green soap, etherial soap, glycerine and alcohol soap, and castile soap are used in this department.

Lysol, 20 mins. to 20 ozs.= 1 in 500.
Creolin, 1 dram to 20 ozs.=1 in 160.
Normal Saline, 1 dram to 20 ozs.=6/10 per cent.
Formaline, 12 mins. to 20 ozs.=1 in 2,000 Formaldehyde.
Hyd. Perchlor Sol., 1 in 20, 40 mins. to 20 ozs.=1 in 5,000.
Hyd. Perchlor Tab., 7½ grs., 1 tablet to 16 ozs.=1 in 1,000.
Pot Permang, 1 oz. to 20 ozs.=saturated solution.
Ac. Oxalic, 2 ozs. to 20 ozs.=saturated solution.
Ac. Boric, 1 oz. to 25 ozs.=saturated solution.
Ac. Carb., 1 oz. to 20 ozs.=5 per cent. or 1 in 20.
Soda Carb., 1 dr. to 20 ozs.=1 per cent.

Normal Saline.—The flasks are first washed with soap and water, then with oxalic acid crystals and water, shaking thoroughly, then liquid ammonia, then rinsed well with distilled water. Dissolve one drm. of sifted salt to each pint of distilled water, filter into flasks after first washing glass funnel and wetting the filter paper, plug with non-absorbent cotton, sterilize by steam for one hour at 15 lbs. pressure, allow pressure to go down very slowly to avoid jarring the flasks, cool slowly and put away ready to be heated to 110 degrees and placed in the incubator.

Iodoform Emulsion, 5 Per Cent.—To one part of iodoform powder add 20 parts of glycerine. Place in a glass flask, plug with non-absorbent cotton and sterilize for one half hour at 10 lbs. pressure of steam and allow to cool slowly.

Iodoform Gauze, 20 Per Cent.—Iodoform powder, 10 drms. carbolic acid, one in forty, 6 oz., and castile soap to make a good lather. Take 3 yards of absorbent gauze, draw threads in the desired widths cross-wise throughout the length of the gauze; then take up all of the solution, shaking and slapping until well distributed. Cut where threads have been drawn, fold edges in; roll and place in test tubes. Plug with non-absorbent cotton and sterilize for one half hour at 10 lbs. pressure of steam.

Rubber Tubing.—Procure specially prepared tubing without sulphur coating. Scrub with stiff brush and green soap, then boil for 15 minutes in 1 per cent. solution of sodium carbonate. Place in sterile normal saline solution, from which solution tubing is used.

Silkworm Gut.—Boil for 10 minutes in distilled water, allowing it to remain in the hot water during operations to keep it soft and pliable.

Horsehair.—Scrub with hot water and green soap, rinse thoroughly in distilled water, then in alcohol, 50 per cent., then boil same as silkworm gut before using.

Silver Wire.—All pieces of silver wire should be saved, as manu-

facturers allow for silver wire returned. This is prepared by boiling with the instruments.

Plain Gauze.—Draw threads, moisten in distilled water or leave dry. Cut, fold, roll and place in tubes and sterilize the same as iodoform. All gauze in this department is cut 2-6 or 12 inches, the edges of each being turned in.

Vioform Gauze.—Draw threads and saturate in the following solution: Vioform, 100 parts; alcohol, 650 parts; glycerine, 250 parts. Cut, fold, roll and place in tubes, and sterilize the same as iodoform gauze.

Sterilizing.—All dressings, sponges, gowns, towels and aprons, surgeon's silk, etc., are sterilized for one hour at 15 lbs. pressure of steam, after which time the pressure is allowed to go down, the water drained off and the heat of the sterilizer allowed to dry contents.

Dressing Gauze.—The usual double fold of absorbent gauze is cut 24 inches long, folded to 6 inches, with edges turned in. One dressing consists of three such pieces and three pieces of absorbent cotton cut to the same size. Place in heavy cotton covers and sterilize.

Abdominal Towels are made of absorbent gauze 18 inches square, placing two in each cover, and sterilized.

String Pads are made in two sizes. The larger is cut 24 inches and folded to 6 inches, with edges in. To the end of each is attached a string or tape 4 inches long. The smaller are cut 12 inches and folded to 3, with edges turned in; to the end of each is attached a string or tape 4 inches long. These pads are put up in heavy covers containing six pads, and when opened for operation are counted again in presence of witness, also after operation.

Gauze Rollers.—The rollers are made by folding the usual absorbent gauze to 4 inches, cut three yards long and rolled; done up in packages of one each, and sterilized.

Bandages.—White and grey cotton are cut 6 yards long by 1, 2, 3, 4, 5, 6, and 7 inches wide.

Flannel Bandages.—White and grey are cut 5 yards long by 3 and 4 inches wide.

Plaster Bandages.—A variety of plain crinoline impregnated with thin glue, leaving plenty of space for plaster. White's Dental Plaster is rubbed evenly into the crinoline till the meshes are well filled. The bandages are rolled loosely, to permit the water to penetrate quickly. They are cut from 2 to 8 inches wide and 4 yards long. They are wrapped in paper and kept in a dry place.

Rubber Goods.—The stock supply of rubber goods, such as rubber tubing, catheters, stomach tubes, perineal tubes, esmarch constrictors and Martin's elastic bandages, should be kept in a drawer by them-

selves and liberally sprinkled with powdered sulphur. Treated in this way, rubber can be kept in good condition for years. Rubber tubing should not be kinked, nor should rubber sheeting be creased. Rubber drainage tubes in desired lengths are cut from the stock supply, scrubbed with soap and water, boiled for 10 minutes in 1 per cent. solution of sodium carbonate and placed in covered glass jars containing 1-10000 sol. bichloride of mercury, or normal saline. Boil tubing and change solution once a week.

Filiform Bougies, silk woven catheters, and oesophageal bougies should never be boiled, they are washed with soap and cool water, then with cold bichloride of mercury, 1-5000, carbolic acid 1-80, or formaline 1-500, and then cold distilled water, from which solution they are used; after use they are washed with soap and cool water, rinsed and water forced through catheters, carefully dried, and oiled before putting away. Hot, or even warm, solutions soften these too much.

Tourniquets and Rubber Bandages are washed with soap and water, boiled, dried, powdered and rolled up ready for use.

Surgeon's Silk.—Wind silk on glass spools and place in test tubes, plug tightly with non-absorbent cotton, and sterilize by steam for one hour at 15 lbs. pressure; open valve in top of sterilizer, and leave for three-quarters of an hour to dry with door closed. Silk may also be boiled for 5 to 20 minutes in normal saline or bichloride 1-1000, and preserved in sublimated absolute alcohol 1-5000, also by waxing. Linen thread is prepared in the same way as silk.

Thermo and Electric Cautery.—This should be tested each operating day, and reported to head nurse if out of order. Its principal use in the operating room will be for the destruction of mucous membrane in appendectomy, in operations upon the liver and bile passages, and in haemorrhoid operations. From 3 to 5 minutes should be allowed to get the cautery in running order. The heated cautery should be kept at a distance from the anaesthetic, as ether is inflammable.

Splints are kept in a room at the top of the student's stairs. All varieties of splints and splint material should be in stock. There should be a small table and set of tools, so that special splints can be made.

The Anaesthesia Room.—The furniture consists of the anaesthetic table, a glass case containing a reserve supply, masks, mouth gags, tongue forceps, etc., the gas and oxygen apparatus, the stretcher, towels, patient's cap and blankets. The stretcher is provided with a rubber-covered mattress and straps for holding patient. On anaesthetic table place chloroform with dropper and mask, vaseline, tongue forceps, mouth gag, swab forceps, hypodermic syringe charged with strych. gr. 1-30 in brandy, and aseptic needle to fit, kidney basin, two medicine glasses and other restoratives, consisting of morphia gr. 1-4,

digitalin gr. 1-100, and ergotol. The mouth gag, tongue forceps, and swab are boiled after each case. The eyes of the patient should be covered with folded towel. In spite of this precaution, should some of the anaesthetic enter the eyes, they should be irrigated with boracic solution, after which drop a little ol. ricini into each eye to relieve irritation. The patient's head should be turned on one side, and should be lower than the body to facilitate the escape of secretions from the angle of the mouth.

ARTICLES FOR OPERATION IN PRIVATE HOUSE.

1—Twelve old newspapers for the floor.
2—One large sheet for the floor.
3—Tacks and hammer for the floor.
4—One kitchen table.
5—One large sheet, one mackintosh, one blanket for table pad.
6—One small blanket, one mackintosh, string and adhesive plaster for Kelly's pad.
7—Two kitchen chairs, two sheets and two pillow cases for covering them, and two table leaves for instrument table.
8—One wash stand, and sheet and towel for covering it.
9—One small table for anaesthetic.
10—One bath tub for disinfecting utensils.
11—Two stools for hand basins.
12—One wash boiler for sterilizing instruments and dressings.
13—Two hooks for holding table.
14—Utensils for bath tub; two wash bowls, 3 large water jugs, one small water jug, two small bowls, four small plates or saucers, one kitchen fork.
15—Articles for wash boiler; 4 sheets, 10 towels, dressings, sponges, gloves, nail brushes, and instruments.
16—Articles for doctor's stand: 1 basin, 3 brushes, 1 nail file and liquid soap.
17—Articles for scrub up table: 1 razor, swabs, liquid soap, water, alcohol, tincture of iodine, 5 per cent., and formaline.
18—Articles for anaesthetic table: 1 hypo. syringe, strych. gr. 1-30, and brandy, ether and mask.
19—One small sofa pillow and blanket for patient.
20—Two water bottles for cold sterile water, one preserving kettle for hot sterile water.

Dressings to be sterilized for one operation: 1 sheet, ½-dozen long towels, ½-dozen short towels, 2 dozen flat sponges (large and small), 2 bags small sponges, 2 dressings and bandages, 1 cap, gown, pair of rubber gloves for each surgeon and nurse, roller dressing for leg or arm case, ether or chloroform mask.

STERILIZATION OF SUTURE OR LIGATURE MATERIAL.

Iodine Catgut: Claudius' Method.—The usual commercial variety is wound into small rings or on glass tubes placed in a covered glass jar with the following solution: 1 per cent. iodine in distilled water with sufficient iodide of potash to saturate. The solution is made by dissolving one part of iodine and one part of potass. iodide in 100 parts of water. The potass. iodide is dissolved in a small quantity of water to which the iodine finely pulverized is added, and the concentrated solution then diluted to 1 per cent.

The solution and catgut are kept in a jar with wide mouth, which is covered with accurately fitting glass stopper. The date and number of the catgut is written on the label of the jar. After eight days the solution is drained off, and catgut washed with absolute alcohol, being careful to use sterile instruments in handling catgut. This alcohol is then drained off and fresh absolute alcohol added, filling jar to the top, and the catgut is ready for use.

Catgut thus prepared is soft, pliable and strong. The knots are firm and not liable to slip or unloosen, and according to its size, resists absorption for from 7 to 12 days.

Chromicized Catgut.—The usual commercial variety is prepared by the iodine method; after that it is stretched on wooden frame or wound on large test tubes and placed in the following solution: To chromicize to the desired degree, place catgut for 5, 10 or 30 hours in the following solution: Bichromate of potash, 1-5 grammes; glycerine, 10 grammes; carbolic acid, 10 grammes; aqua dist., 480 grammes. Dissolve the bichromate of potash in the water, then add the glycerine and carbolic acid. After 5, 10 or 30 hours remove the catgut from the solution and leave on frame or test tubes for drying. Dry in a temperature not exceeding 40 to 50 degrees centigrade. The drying process should extend over a space of several days. Cut the catgut when thoroughly dry into pieces one metre in length, roll on the fingers into small coils, pack in small glass jars, and cover with absolute alcohol, with washer and screw top make the jar fluid-tight, put small jar into larger jar containing from 2 to 4 ounces of absolute alcohol, screw down air and fluid-tight, and sterilize in Arnold Sterilizer for 5 hours, or in Autoclave for one hour at 15 lbs. pressure of steam. Remove cover of sterilizer and allow contents to cool gradually. By readjusting washer and filling the jar with absolute alcohol to replace that lost in the process, the catgut is ready for use.

"THE BIRTHRIGHT OF THE BABY."

By Helen MacMurchy, M.D., Toronto

We are only beginning to think scientifically of the problem of infant mortality. The scientific significance of lactation and maternal nursing, of birth registration, of infant feeding before and after nine months of age (which is about the time that a change should be made from maternal nursing to another mode of nourishment)—one and all of these have scarcely been considered by the average citizen, or even by the average physician. What medical school gives thorough instruction on these points? Space will allow consideration of but one of these—the first mentioned—and but briefly.

The mammary gland, then, is first of all a gland like any other gland. One would think it was some unknown and recently-discovered structure, if one were to judge by the general ignorance that seems to prevail about it. Its function is no more likely to fail, given the normal necessary physiological stimuli, than the function of the salivary glands, or the liver. Lactation is established as a part of the drama of birth. The uterus and other organs and accessory structures connected with it are closely and wonderfully linked with the mammary gland, proofs of which are well known to all physiologists, and some of which were indeed referred to by the ancient classic writers centuries before modern physiology began. This linking is not by way of a secretion nerve supply, however, but by hormones. The most important of these physiological stimuli is furnished by the baby itself. It is the act of nursing or suckling performed by the baby. The newborn baby on arrival knows how to do three things: 1. Its lungs can breathe; 2. its fingers can grasp; and 3, its lips can close upon the nipple and suck if the nipple is presented and suitably adjusted for it. If the doctor took as much pains to teach the baby to nurse as he does in asphyxia neonatorum to teach the baby to breathe, then the reproach of our infant mortality records would be largely taken away. It is time that the Professor of Pediatrics and the Professor of Obstetrics, and the Professor of Medical Jurisprudence, and indeed everybody who is responsible for the preparing and licensing of a candidate to practise medicine, taught clearly that the duty of the doctor to the younger of his two patients in an obstetrical case is not done until he has made sure that the baby is nursing well. As soon as the mother has rested a few hours and the baby has been washed and dressed, within six hours, if possible, the baby should be placed at the breast, and the baby should be weighed occasionally, before and after nursing, to see exactly how much milk that baby has ingested at each feeding. Sometimes it will be found to be half an ounce only. Then something must be done to increase the quantity of

milk. And something always can be done. "Never desert a baby," as Sir Thomas More has it in his "Utopia." "Every mother is nurse to her own child unless either death or sickness be the lot."

Where the doctor personally and thoroughly manages the establishment of nursing at the right time, and in the right way, I have never known a case where a mother could not nurse her baby. It is now generally held that the activity of the mammary gland is caused by hormones circulating in the blood. It is known that an extract from an uterus undergoing evolution will stimulate the mammary gland. While the reverse is the case with extract of the placenta or of the foetus. But the most important of this group of facts is the time at which the attempt to teach the infant to nurse is made. Within six hours it is usually easy, within twenty-four hours it is fairly easy, over twenty-four hours difficult, over forty-eight hours more difficult. So it comes about that the fate of the baby is often sealed before it is one day old. For the deaths of thousands and thousands of babies are due to this one simple fact—they were not mother-nursed.

Finally, the outlook is hopeful. All we have to do is to put our shoulder to the wheel. If we displayed half the energy and used half the money freely spent by our friends, the manufacturers of the "Ideal Infants' Food," the thing would be done. When the mother and father once get firmly into their heads the true idea of maternal nursing, then we shall have a great and permanent improvement in our present sad showing as to infant mortality.

GRADUATE NURSES' ASSOCIATION OF BRITISH COLUMBIA

The second annual meeting of the Graduate Nurses' Association of British Columbia, held in the rest-room of the Y.W.C.A. Building, at Victoria, B.C., opened its first session on Monday, April 13th. Proceedings began at ten o'clock, with an Invocation pronounced by the Rev. Dean Doull, who offered prayers for the hospitals, for those engaged in the noble profession of nursing the sick, and for the work of the convention.

Miss S. Wright, of New Westminster, President of the Association, was in the chair, and in her opening address spoke of the work done and the progress made by the Association in the matter of the proposed Registration Bill, which had been before the Legislature. A letter on this important subject was read to the meeting from Miss Kennedy, who had worked on a bill for Ontario. She emphasized the necessity for State registration in classes, providing for the fully-qualified graduate nurse and the lower grade of household trained nurses, who might be equally efficient in cases of ordinary illness as was the graduate nurse in more critical cases.

Miss Wright dwelt especially on this aspect of the question, and said it was very necessary for the graduate nurse to look after the less scientifically trained nurses, and to educate them to recognize the need for registration. She also pointed out that the Registration Bill provides for these household nurses in British Columbia, and that registration was necessary in the public interest as well as in the interest of the nurses.

Following the President's address the minutes of the last annual meeting, held in Vancouver, were read by Miss Breeze, and adopted by the meeting.

Miss Breeze then read the Secretary-Treasurer's report for the year ending April, 1914. The financial statement of the Association is as follows: Balance on hand, June, 1913, $245.65; membership fees, $71.00; initiation fees, $32.00; total, $348.65; disbursements, $101.45; balance on hand, $247.20. The total membership of the Association was seventy-nine. The report stated that the Association had been notified by the Hon. Dr. Young that the Government could not adopt the Registration Bill as a Government measure. He had suggested that it might instead be presented as a public measure in the hands of a private member, and in pursuance of this plan Mr. H. H. Watson, M.P.P., of Vancouver, had been approached, and had taken charge of the Bill. Letters were sent to all influential bodies and individuals connected with the nursing profession, explaining briefly the main features of the Bill and asking for support, which, in the majority of cases, was heartily agreed to. The Attorney-General, the Hon. Dr. Young, and other members of the Legislature, had been interviewed by a special committee of the Association. They thoroughly approved of the Bill, but advised not bringing it before the House this year, as it was not a convenient season. The thanks of the Association were due to Mr. Watson for his interest in the Bill, and also to Dr. A. P. Proctor, of Vancouver, for much valuable help and advice.

Affiliation had been arranged, Miss Breeze stated, with the Canadian National Association of Trained Nurses, and the Association was entitled to send five delegates to their convention, held this year in Halifax.

The roll-call was then taken and showed 25 nurses from the mainland, 2 from Seattle, and a great many from Victoria.

The President spoke of the invitation from the B. C. Association to the Canadian National and to the Canadian Society of Superintendents of Training Schools for Nurses, to hold their annual meetings in Vancouver, in 1915, as they will be coming West to go to San Francisco. She talked of the necessity of making a real National Association; how we can help not by criticizing but by being present and giving the best we can. The advisability of sending a delegate to

represent British Columbia in Halifax was discussed, and it was proposed by Miss Morrison, of Victoria, seconded by Miss Scott, of New Westminster, that this be done. The motion was carried unanimously, and Miss Randal, Superintendent of the Vancouver General Hospital, was asked to accept the nomination.

Officers for the ensuing year were then nominated, it being unanimously decided that those already holding office should retain their positions, the only changes being Miss Loukes, of Kamloops, third vice-president, in place of Miss Patton, resigned; and Miss Trew, of Vancouver, in place of Miss Hall, whose departure for Eastern Canada necessitated her resignation from the executive.

A vote of thanks to Miss Hall for her untiring interest in the work of the Association was proposed, seconded, and taken standing.

The President then spoke a few words of appreciation of the loyalty and devotion of the various members of the executive and of the Association, after which the meeting adjourned until the afternoon session.

The afternoon session opened at 2.30 p.m., with a very cordial address from Dr. Herman Robertson, President of the Victoria Medical Association. The speaker extended a hearty welcome on behalf of the Medical Association to all the nurses present, and expressed the deep appreciation felt by the profession for the valuable help given in the work by trained nurses. The value of conventions in affording opportunities for mutual understanding, instruction, and esprit de corps was enlarged on, and the fact to be borne in mind that the nurse, to be at the head of her profession, must always be a student, constantly reading, observing, etc. Dr. Robertson thanked the Association for the honor of addressing them, and concluded by hoping they would meet in Victoria again at some future date.

Miss Clarke, of Victoria, in the absence of Miss Jones, President of the Victoria Nurses' Club, welcomed the visiting nurses to the city, and expressed the hope that all would continue to work for the Registration Bill with undiminished vigor. Miss Ruth Judge, of Vancouver, replied, thanking Victoria for their unbounded hospitality.

An excellent paper was read by Miss Scott, Superintendent of the Royal Columbian Hospital, New Westminster, dealing with the "Aims and Possibilities of a Provincial Association." Registration, she said, was a prime necessity and must be supplemented by active co-operation and organization on the part of all nurses. Affiliation and post-graduate classes, the standardization of training schools, and provincial inspection, were all points to be worked for, and the advancement of the woman's movement was a necessary step in the extension of nurses' work. Miss Scott also urged the establishment in this prov-

ince of a nursing magazine, which should forcefully and accurately present the views of the nursing profession in Western Canada.

The discussion was led by Miss Trew, of Vancouver, who maintained that the nurses, in joining Associations, were too prone to inquire what the cost would be, and what good would be received, rather than, what could they do to help and forward the work of the Association.

Miss Randal, Miss Clarke, Miss Morrison and Miss McLeod took part in the discussion. With regard to the establishment of a nursing magazine for the West, Miss Randal pointed out that there was the "Pacific Coast Nursing Journal," and she did not think another was needed.

The Canadian Nurse Magazine was discussed and the possibilities of making it more of a national magazine, and of placing it on a sound financial basis. The following motion, to be recommended by the delegate from British Columbia, at the Canadian National Association meeting, was proposed by Miss Morrison, of Victoria, seconded by Miss McLellan, of Vancouver, "That the Graduate Nurses' Association of British Columbia would give support to The Canadian Nurse Magazine, to have it reorganized, and to suggest that the Canadian National Association take charge of the magazine." The motion was carried unanimously.

Mrs. H. C. Hannington, of Victoria, then contributed a most interesting and thoughtful address on the subject of "A Rounded-Out Training." Reviewing the work of Florence Nightingale, she described her as possessed of the daring spirit of the reformer, which had made her appear, even to the church of her own time, as a woman who boldly and reprehensibly defied conventionism. Yet to-day her actions shine out as imbued with Christian pity and love, and the world knows her as "The Lady with the Lamp." The system of the Waltham training school, under Dr. Alfred Worcester, was described by Mrs. Hannington, and warmly advocated. Nursing in the home was a great necessity, and the nurse whose work took her into isolated districts must be possessed of self-reliance and resourcefulness. The Vancouver system of social work was commended. Tribute was also paid to the Victorian Order of Nurses; but the speaker expressed the opinion that too stringent qualifications for scholarship were a danger, as they might exclude from the profession many who had the heaven-born gift of nursing. Mrs. Hannington gave several amusing, personal anecdotes, and was cordially thanked for her most interesting paper. The meeting then adjourned for the day.

At the closing session on April 14th, Dr. A. P. Proctor, of Vancouver, gave a most interesting and instructive address on "Public Health Work." He pointed out the enormous value of the asset of

health to both the individual and the State. "Conversely the damage in computable value to a community of disease was hardly realized at all by the average man. Taking tuberculosis as a type of all disease, the economic loss from this alone was appalling. The country to the south loses 150,000 citizens annually from this disease, and computing the cost of treating the disease, the loss in wages in the United States was $930,000,000 annually."

Dr. Proctor touched upon conditions in the Dominion, on the numbers who live their lives in sunless rooms, of the filthy habit of expectoration, and the consequent spread of the disease through non-enforcement of existing laws. All these things, he said, pointed to the want of realization by the people of what they were losing by its ravages.

Alcoholism, he said, was responsible for 10 per cent. of all mortality, 20 per cent. of all disease, 50 per cent. of all insanity, and up to 90 per cent. of all crime.

Legislation was needed for the prevention of accidents. Sufficient grants of money should be forthcoming from Governments to carry out the laws and for the treating in a proper manner of the indigent sick.

Dr. Proctor concluded with an earnest appeal for work to arouse the nation to a sense of the responsibility of each individual citizen to combat this dread foe of disease and to enlighten the public conscience in this respect. "Is it not infinitely woeful when, in this stage of civilization, a piece of money is so often set against a bitter tear, a shrewd bargain against a sick and tired heart?" he asked.

At the close of the address, Miss Wright expressed the gratitude of the nurses and asked for a standing vote of thanks.

"The Eight-Hour Day for Nurses" was the subject of an interesting paper by Miss McDonald, of the Victoria Police Force. Miss McDonald, who is a graduate nurse, argued that nursing was more strenuous work than teaching, or most of the callings followed by educated women, and that, both for the sake of the nurses and patients, the hours for nurses in training and graduates in hospitals should be shortened. Miss Wright, of New Westminster; Miss Randall, of Vancouver, and several others argued against this view of the case. The eight-hour system, where it had been tried, had not been found good for young girls, as the labor demanded was too constant and too hard. The considerate matron, under present conditions, could arrange so that no nurse suffered from overwork. The frequent change of nurses was bad for the patients. Miss Wright pointed to the high standard of health among student nurses and their freedom from responsibility. She and others pointed out that an eight-hour day would be an impossibility in private nursing, where a nurse was forced to assume the

whole responsibility of critical cases during the intervals between the visits of the physician.

Dr. Proctor was asked to express an opinion on the question of shorter hours, but declined to do so, saying at the same time that the discussion brought home to him how greatly men of his profession relied on the nurses' faithfulness.

The President asked Mrs. Justin Gilbert to speak. She expressed in a few words her appreciation of the work of the nurses.

The President expressed her great pleasure at the very large attendance, and the convention closed with the National Anthem.

A little later the visiting delegates were the guests at luncheon of the Victoria Nurses' Club. Among others invited were Mrs. H. E. Young, Mrs. E. C. Hart, Mrs. H. C. Hannington, and Mrs. Justin Gilbert.

The luncheon was prepared by the management of the Y.W.C.A., and was at once dainty and bountiful. The tables were beautifully decorated with spring flowers, and the pretty menu cards had designs to correspond.

At the close of the luncheon, the toast of the King was drunk, and Miss Wright proposed "The Profession of Nursing." This was replied to by Mrs. H. C. Hannington in a humorous speech, which appropriately brought to a close a delightful gathering of earnest, cheerful workers.—*Daily Colonist.*

ANNUAL CONVENTION.

The annual convention of the Canadian Society of Superintendents of Training Schools for Nurses, and the Canadian National Association of Trained Nurses, will meet in Halifax, N.S., July 8 to 11, inclusive.

Tickets will be good going July 4 to 10, and returning up to and including July 18, giving delegates an opportunity of attending the convention of the Canadian Society for the Prevention of Tuberculosis, which meets in Halifax July 14 and 15.

Delegates will purchase a full first-class ticket from starting point, and secure a certificate to that effect on standard certificate form which must be presented to the secretary of societies immediately upon arrival at Halifax, in order that she may present them to special agent on July 10 and 11. On surrender of certificate properly filled in, delegates will be entitled to one-third first-class fare return.

"No arrangement will apply from or to Detroit, Port Huron, Sault Ste. Marie, Mich., Buffalo, Black Rock, Niagara Falls, Suspension Bridge, Rouse's Point, Nyando, Massena Springs, N.Y., Swanton, Newport, Island Pond, Vt., and intermediate stations in the United States."

LILLIAN C. PHILLIPS,
Secretary.

Program for Eighth Annual Meeting, Halifax, Nova Scotia, July 8 and 9, 1914.

Wednesday

10.30 a.m.—Meeting of Executive Council. Appointment of Nominating Committee.

2.30 p.m.—Invocation; Address of Welcome; Reply to Address of Welcome; President's Address; Report of Council; Report of Treasurer; Report of Auditors; Reports of Committees; Report of Nominating Committee; Correspondence; "Ethics," by Mrs. Goodson, Chicago; "Nursing in Contagious Diseases," by Miss Mathieson, Toronto.

8 p.m.—"The Care of Nurses," by Miss E. R. Scovil, Gagetown, N.B.; "Nurses' Residences and Their Supervision," by Miss Edgar, Toronto; "Are Our Nurse Training Schools Educative?" by Miss M. Ard Mackenzie, Ottawa; "Nursing Conditions in Labrador," by Miss Bailey, Forteau, Labrador.

Thursday

10 a.m.—Unfinished Business; New Business; Election of Officers; Introduction of President-elect. "Management of Smaller Hospital," by Miss Neelin, Kincardine, Ont.; Miss Cameron, Glace Bay, N.S.; Miss Fitzgerald, Charlottetown, P. E. Island. Question Drawer.

2.30 p.m.—"Preliminary Training," by Miss Gunn, Toronto, and Miss Stretton, Vancouver, B.C.; "Paid Teachers in our Training Schools," by Miss Strumm, Montreal; "The Standard Curriculum," by Miss Catton, Ottawa; "Massage," by Miss Manby, Montreal; "Principles Instituted by Florence Nightingale," by Miss Southcott, St. John's, Newfoundland; "Nursing Conditions in the Yukon," by Miss Burkholder, Dawson City; Announcement of Place of Meeting, 1915.

Be sure to secure a standard certificate with your first-class single fare ticket, so as to be able to take advantage of return for 1-3 fare.

Hotels: "The Queen," $2.50 to $4.00 per day for single rooms, 10 p.c. discount for double rooms. "The Halifax," $3.00 and upwards per day. "The Carleton," $2.00 per day. "The Birchdale," $2.00 per day. Will delegates make reservations early, as July is the busy season.

The Fourth Annual Meeting of the Canadian National Association of Trained Nurses will be held in Halifax, N.S., July 10 and 11, 1914.

PROGRAM

Friday, July 10

9 a.m.—Meeting of Executive Council.

10 a.m.—Invocation, Rev. Dean Lloyd; Address of Welcome, Mayor Bligh, Dr. J. Stewart; Response to Address of Welcome, Miss S. P. Wright, Vancouver; Address of President, Miss M. Ard. Mackenzie, R.N.; Report of Executive Committee; Report of Secretary;

Report of Treasurer; Reports of Committees; Unfinished Business; New Business; Election of Officers.

2.30 p.m.—Public Health, 5-minute talks on papers; "Victorian Order of Nurses," Miss E. Hall, Vancouver; "School Nurses," Miss E. M. Paul, Toronto; "Tuberculosis," W. H. Hattie, M.D., Provincial Health Officer, Halifax; "Child Welfare," Miss Helen Smith, Hamilton; "Hospital Social Service," Miss Jane Grant, Toronto; "Army Nursing," Sister Pope, Military Hospital, Halifax; "Dental Nursing," Miss Mathieson, Dental Clinic, Toronto; "Commercial Welfare," Miss Rankin, McClary Co., London; "Insurance Nursing," Dr. Frankel, New York, Report of Canadian Branch of "Metropolitan Life"; Report of Public Health and District Nursing Committee, Miss Dyke, Toronto.

8.15 p.m.—"The Private Nurse" Section.

"The Qualifications of the Successful Private Nurse," Miss Clint, Montreal; "Nurses' Clubs," Miss Howard, Swansea; "Nurses' Registries," Miss F. M. Fraser, R.N.; "The Menace of the Short Term and Correspondence Schools," Miss Elizabeth Grant, R.N.; "The Value of the Practical Nurse," Miss Davis, Mutual Benefit Association, Brattleboro, Vt.

Saturday A.M., July 11

Registration; "Law for Nurses," Miss Nan McKinzie, Toronto; Resume from each Province in Canada—Nova Scotia; New Brunswick; Prince Edward Island; Ontario, Miss Crosby, Toronto; Quebec, Miss DesBrisay, Montreal; Saskatchewan, Miss Jean Brown; Manitoba, Miss K. A. Cotter; British Columbia, Miss S. P. Wright; Alberta, Miss Eleanor McPhedran. Status of Nurses in Great Britain, Mrs. W. S. Tilley, Brantford.

SOCIAL SERVICE

The University of Toronto has outlined a special course for the benefit of those desiring to fit themselves for this branch of work. The classifications are: (1) Problems of poverty and philanthropy; (2) problems of crime and prevention; (3) problems of government and administration. There will also be three classes of lectures: (1) University staff lectures; (2) Practical discussions on the experiences of the students; (3) field work for the collection of information and critical first-hand study of social questions to be pursued under expert direction.

The following suggests the type of work:

The structure of society, the individual, the family, the community. The psychology of primitive folk—factors persisting in modern social psychology.

Psychology of Conduct—Normal types, how produced. Abnormal types, criminal tendencies and their control. Psychological value of occupation, play. Psychological equivalents for emotion.

The Standard of Living—Adjustment of consumption to production. Necessaries and luxuries, poverty, thrift, insurance, housing.

Labor—The labor market, immigration, skilled and unskilled labor, woman labor, child labor, unemployment, casual labor, sweated labor. The worker's equipment.

Business Organization—Modern tendencies, interdependence of industry, large and small business, public utilities, trusts.

Competition and Its Results—Prices and price movements, wages, profits, monopoly.

Problems of Modern Industry—Wage bargaining, strikes and lockouts, co-operation and co-partnership, labor legislation.

Transmissible Diseases—What we have here and how we check them. Sanatoria, prevention, visiting.

Nurses—What they are for.

Diseases Interfering with Efficiency—Teeth, sight, hearing, deformities.

House Sanitation—Care of food, milk supplies and infant feedings.

Neighborhood Facilities for Recreation—Provided by commercial enterprise; provided by public authorities; provided by churches; provided by other social institutions.

Technique of Play—Playground equipment, games and sports, folk dancing, story telling, dramatics, pageants.

MEMORIAL TO FLORENCE NIGHTINGALE AT FLORENCE

In the ancient cloisters of the Church of Santa Croce, Florence, which is to Italy what Westminster Abbey is to Britain, there has just been unveiled a beautiful memorial to Florence Nightingale. It takes the form of a symbolical marble statue of watchfulness holding aloft a lamp. An Italian inscription underneath runs: "Florence Nightingale, Heroine of the Crimea, 'The Lady of the Lamp,' as she was called by the soldiers whom she tended in hospital in the night watches with wondrous, anxious care. By the force of her example she was the moving soul of that voluntary work of international piety known as the Red Cross. This tribute of veneration and respect is raised to her memory in Florence, where she was born, and whose name she bore."

EXAMINATION FOR THE ROLL OF QUEEN'S NURSES, DEC, 1913

1. Enumerate the sources of water supply in town and in the country. How does each source become contaminated? How would you ensure water being pure?

2. How are bedsores caused ? How may they possibly be prevented ? How should they be treated on the district ?

3. In dealing with a case of tuberculosis what advice would you give to the patient and his friends ? What precautions would you take, and what would you guard against ?

4. What is eclampsia ? What are the symtoms which accompany it ? How would you deal with an eclamptic convulsion in the district in the absence of a doctor ?

5. How would you prepare albumen water, barley water, beef tea, and whey, with only cottage appliances available ?

6. (a) What are the usual duties of a nurse appointed to act as Infant Life Protection Visitor ? or

(b) What are the usual duties of a nurse employed as a School Nurse ? State also what you understand by the after-care of school children.

GLEANINGS

The great benefit of "Typhoid Inoculation" was fully set forth by Colonel Sir William B. Leishman, F.R.S., K.C.M.G., Honorary Physician to the King, and Professor of Pathology at the Royal Army Medical College, London, England, in an illuminating address before the Toronto Academy of Medicine, an abstract of which was published in *The Canadian Journal of Medicine and Surgery.*

The wonderful results in the case of our army in India, where typhoid took such heavy toll, would seem to be conclusive proof of the value of inoculation against typhoid.

"The effect of this system in India, only recently extended to the whole garrison, shows from the year 1907 a continual growth in the yearly number of those inoculated. This growth has been most gratifying and now has reached close on ninety-five per cent. of our whole garrison in India, and that, when on a voluntary basis, says a great deal for the British soldier.

"Leading down from the year 1907 we find that in 1907 there were 1910 cases and a large number of deaths. In 1908 there were 998 cases and 191 deaths. In 1909 there were 616 cases with 112 deaths. In 1910 196 cases and 45 deaths. In 1911, 170 cases and 22 deaths, and in 1912, 118 cases in the whole of India, as contrasted with the figures of some 2,000 of a few years before."

An inexpensive sputum cup, to be used in an ordinary holder, may be made of ordinary white fiber manila paper, folded and dipped in hot paraffin, which, hardening immediately on exposure to the air,

glues the overlapping edges and gives support to the box. Water heated to 100 deg. F. will not penetrate a box made in this manner. Water at ordinary temperature will remain in them until it evaporates. Sputum boxes may be made in this manner at a cost of 8 cents per hundred. The advantages of such sputum boxes are: 1. They are inexpensive. 2. They afford employment for convalescing patients who make them. 3. Since they are white, the faintest tinge of blood is readily observed. 4. Paraffin being highly combustible, the destruction of any bacteria present is assured, when the cups are burned.—Robert M. Alexander, M.D., in *Journal American Medical Association.*

CORRESPONDENCE

722 Sheridan Ave., Detroit.
April 16, 1914.

Editor The Canadian Nurse:

Dear Editor: May I have space to once more thank the Canadian nurses who have contributed to the support of Mrs. Fanny Wilde McEvoy, for their continued interest in her welfare. Just now it looks as if she might not remain with us a great deal longer, but this, no one can predict with any confidence. Within the past few weeks she has gone through a severe trial in having to be separated from her aged husband, and has seemed in a sort of dazed condition ever since—begs piteously to be allowed to go to him, and it seems difficult for her to reconcile herself to the situation.

For some time, through the infirmities of age, his mind has seemed less alert, and we have feared it might become altogether a blank. What we feared has happened. While at times he appears perfectly rational, he has had periods of irrationality, when he was not responsible for anything. This necessitated his removal from the home for aged women, to which, by special permit, he had been admitted with her. He is now in a home for incurables, and rapidly failing.

It now appears as though for him the end could not be very far off. It seems as if all that can be done is being done to make her last days comfortable, but it is likely that she will worry and fret till she knows he needs her no more. She has kept him always so neat and clean, his clothing neatly mended and brushed, and nothing she could do for his comfort has she seemed to fail to do. She cannot understand how he can possibly get along without her.

No one could be more grateful and appreciative of what the nurses have done for her than is she, and it has been a pleasure to be able to

assure her with confidence that she would always be taken care of and need not worry about her future in any way.

The Canadian nurses have been more than kind and thoughtful of her, and cheques have come from every Province, almost.

She has saved enough in her earning days to pay for a small insurance policy of a hundred dollars for funeral expenses, which is not payable while she lives, but will be available to defray expenses later. Just now it looks as if there might be enough in the fund to last while she needs our care, and I am writing to ask that no more money be sent me for her just now. If, by the end of the year, it is likely to be needed, I will ask those who have contributed to continue just a iittle longer, and I know they will.

Faithfully yours,
Charlotte A. Aikens.

P.S.—Miss Aikens wrote under date of April 24th, to say that Mr. McEvoy had passed away on April 22nd, after an illness of about a month.

Editorial

SOCIAL SERVICE

Those who have responded to the call for workers in this department have found themselves handicapped by the lack of special scientific training. The work is still new and few of the Training Schools for Nurses were able to give their pupils much assistance.

But it will be welcome news to all interested to learn that the University of Toronto has responded to the call for scientific training, and is arranging a course to cover the next academic year. Nurses who desire to fit themselves for any branch of social service work will be glad to avail themselves of this opportunity of securing the requisite knowledge and training.

The outline of the course is given on page 334.

LIFE EXTENSION INSTITUTE

This Institute was recently incorporated in New York, with Ex-President Taft as Chairman of its Board of Directors, and Col. Gorgas as consultant in sanitation and hygiene. The *Detroit Medical Journal* says: "It is an unique corporation—the business basis of a philanthropy, its express purpose being to lengthen human life by applying modern science. It will perform this service both for Life Insurance Companies and for the general public by examining periodically the physical condition of policyholders and other individuals, and by disseminating life-saving knowledge."

The Institute has a "Hygiene Reference Board" of nearly a hundred leading experts on various subjects pertaining to public health. The purpose of this board is to help determine the truth on hygienic questions referred to it.

This health conservation work will be beneficial to policyholders and others examined, by reducing to a minimum disease and suffering, and to the insurance companies by reducing their losses through life-waste.

Col. Gorgas made Panama a safe place in which to live and work, and now his work is to be indefinitely extended.

The work of this Institute will appeal to all who are interested in any way in public health. The right note seems to be struck.

It is easier to keep the human machine in good working order than it is to restore it to anything like efficiency after disease has laid its devastating hand upon it.

THE HALIFAX CONVENTION

Every Association of Nurses in Canada will have appointed its representative to this convention. Neither of the National Associations meeting at this time can attain its greatest usefulness or develop satisfactorily along lines that will be generally helpful to the members unless every association, indeed, every nurse, does her part in the great work, and fully discharges her responsibility to the profession as represented by these national bodies.

The programs, which appear on another page, have been well and carefully prepared at the cost of much effort by those who had the work in hand. Let every nurse realize that she has a share in making these papers and discussions yield the best all-round results. If you cannot go, send a message, a comment, a question, something just to encourage and cheer and help those who are there. In this way the greatest good to the greatest number will result, and the profession will have gained vastly by the lessons learned and the knowledge gained at Halifax, 1914.

PROVISIONS FOR THE TUBERCULOUS

A statement recently issued by the National Association for the Study and Prevention of Tuberculosis says that during the year ending June 1st, nearly 4,000 additional hospital beds for consumptives were provided in twenty-nine states, this making a total of over 30,000, or about one for every ten indigent tuberculosis patients in this country. In the last five years the hospital provision for consumptives has increased from 14,428 in 1907 to over 30,000 in 1912, or over 100 per cent. New York State leads in the number of beds, having 8,350 on June 1; Massachusetts comes next with 2,800, and Pennsylvania a close third with 2,700. Alabama showed the greatest percentage of increase in the last year by adding fifty-seven new beds to its forty-two a year ago. Georgia comes next with 109 beds added to 240 a year ago. New York has the greatest numerical increase, having provided over 1,800 additional beds in the year. Only four states—Mississippi, Nevada, Utah, and Wyoming—have no beds whatever in special hospitals or wards for consumptives. Eight years ago, when the National Association was organized, there were twenty-six states in which no hospital or sanatorium provision for consumptives existed, and the entire number of beds in the United States was only 10,000. It will thus be seen that we are progressing in the work, but there is much yet to be learned and much yet to be performed.

We inadvertently made an incorrect statement in the May issue re the Registration Bill for British Columbia. This Bill has not yet been presented to the Legislature. The Nurses have been working on it for two years, and had secured the advice of a Parliamentary Committee.

The Guild of Saint Barnabas

CANADIAN DISTRICT

MONTREAL—St. John Evangelist, first Tuesday Holy Communion at M. G. H., 6 15 a.m. Second Tuesday, Guild Service or Social Meeting, 4 p.m. Third Tuesday, Guild Service at St. John's, 8.15 p.m. Last Tuesday Holy Communion at R. V. H., 6.15 a.m.
District Chaplain—Rev. Arthur French, 158 Mance Street.
District Superior—Miss Stikeman, 216 Drummond Street.
District Secretary—Miss M. Young, 36 Sherbrooke Street.
District Treasurer—Miss F. M. Shaw, 21 Sherbrooke Street.

THE NURSE'S PRAYER

O God of gentleness and strength,
Whose tenderness is born of Love,
Grant us Thy Spirit in its power—
The mighty wind, the peaceful dove;
May we be strong, and calm, and brave,
Mighty through Thee to heal and save.

There is so little we can do,
And often all seems done in vain;
Our hearts are sore and faith grows dim
In the dark mystery of pain.
Guide Thou our hands to soothe and bless,
And fill them with Thy tenderness.

He whom Thou lovest, Lord, is sick,
And all our hearts cry out for Thee;
Come Thou, responsive to our cry,
May we the Lord's salvation see,
And lest we ask amiss, we pray—
Thy will be done from day to day.

In lonely watches of the night,
Go Thou with us from ward to ward,
A healing balm, a vision sweet,
Each restless one to calm and guard.
With Thee we can the burden bear,
If Thou our nightly vigil share.

O loving, tender, precious Lord!
Show pity when our hearts are dumb.
Check every doubt, each murmur still,
Father, Thy will, not mine, be done!
Work Thou with me to do Thy will,
Through me Thy promises fulfil.

Amen.—*Misercordia.*

THE GRADUATE NURSES' ASSOCIATION OF ONTARIO

(Incorporated 1908)

First Vice-Pres., Mrs. W. S. Tilley, 157 William St., Brantford; 2nd Vice-Pres., Miss G. A. Read, 156 John St., London; Recording Secretary, Miss I. F. Pringle, 188 Avenue Rd., Toronto; Corresponding Secretary, Miss Jessie Cooper, 30 Brunswick Ave., Toronto; Treasurer, Miss Julia F. Stewart, 12 Selby Street, Toronto. Directors. Mrs. W. E. Struthers, 558 Bathurst St., Toronto; Mrs. A. H. Paffard, 194 Blythewood Road, North Toronto; Miss Mathieson, Riverdale Hospital, Toronto; Mrs. Mill Pellatt, 36 Jackes Ave., Toronto; Miss M. Ewing, 295 Sherbourne St., Toronto; Miss Eastwood, 206 Spadina Ave., Toronto; Mrs. Clutterbuck, 148 Grace St., Toronto; Miss Jean C. Wardell, R.N., 84 Delaware Ave., Toronto; Miss Eunice H. Dyke, City Hall, Toronto; Mrs. Yorke, 400 Manning Ave., Toronto; Miss G. L. Rowan, Grace Hosp., Toronto; Mrs. MacConnell, 514 Brunswick Ave., Toronto; Miss Mary Gray, 505 Sherbourne St., Toronto; Miss J. G. McNeill, 52 Alexander St., Toronto; Miss C. E. De Vellin, The Alexandra Apts., University Ave., Toronto; Miss E. M. Norris, 82 Isabella St., Toronto.

The regular meeting of the executive was held at 295 Sherbourne street, Toronto, on April 22, with Mrs. W. S. Tilley, first vice-president, in the chair. There were nine members present. The treasurer's report showed a bank balance of $297.89. A letter was read from the Alumnae Association of St. Luke's General Hospital, Ottawa, asking for information about the Graduate Nurses' Association of Ontario. Letters from London and Cobalt chapters expressing regret at the inability of the chairman of each chapter to attend mass meeting of nurses held in Toronto on March 31. A letter from Miss Regan, Port Arthur, was referred to the executive by Miss Crosby, in which it was suggested that nurses in different parts of the province be kept informed of the work of the executive. It was explained that the executive tried to do this through the Association's page in The Canadian Nurse.

The convener of the legislation committee reported that Mr. Ludwig had framed and sent to the Provincial Secretary a clause to protect the R.N. conferred by clause 18 of the Hospital Act, and this new clause was to be added to the statute as an amendment. The legislation committee is anxious to have suggestions so that these may be taken up with Mr. Ludwig.

Mrs. Tilley is convener of programme committee for the annual meeting in September.

The meeting for the final organization of the Toronto chapter has not yet been held.

THE CANADIAN NURSES' ASSOCIATION AND REGISTER FOR GRADUATE NURSES, MONTREAL.

President—Miss Phillips, 43 Argyle Ave.

Vice-Presidents—Mrs. Petrie and Miss Dunlop.

Secretary-Treasurer—Miss Des Brisay, 16 The Poinciana, 56 Sherbrooke Street West.

Registrar—Mrs. Burch, 175 Mansfield St.

Reading room—The Lindsay Bldg., Room 319, 517 St. Catherine St. West.

The last general meeting of the season was held in the Medico-Chirurgical Society's rooms, on the evening of May 5th. Dr. Mundie delivered a very interesting address on "The Care of the Feeble Minded," which was much appreciated by those present. After a social half hour the members dispersed, to meet again in October.

Miss Dawson, M.G.H., who has been very ill for some weeks, is making slow progress towards recovery.

Miss Whiteside, Miss M. Smith, and Miss Dewar, who have also been patients in the General Hospital for some time, are convalescing, and we hope soon to have them with us once more.

Miss Phillips spent Easter in New York.

Every nurse who has not done so should read the Life of Florence Nightingale, by Sir Edward Cook. This is a wonderful work, most interesting in every way, but especially so in that it gives us for the first time an insight into the personal life and character of the woman.

We are reproducing below a letter from Florence Nightingale to Lady Aberdeen, written just after the Victorian Order had been launched on its splendid journey of usefulness:

10 South Street, Park Lane,
London, W., May 5th, 1898.

Dear Lady Aberdeen:

I do rejoice at the success which has attended your efforts to initiate the plan of establishing trained District Nurses in Canada.

With great interest I have read the papers you have so kindly sent me.

Let me gladly add myself as a witness of experience here to the great blessings which the trained District Nurses have been to the sick poor.

If you are able to maintain the high standard for your nurses which you have laid down, and succeed in attracting good young women to enter upon the work, there can be no doubt that it will go on and prosper. Difficulties and trials there must be, but with so noble an object it is worth the expenditure of much labor and patience.

What has been the experience of the last thirty years with regard to the improvement of Hospital training and the means by which it has been attained?

This, namely, that it has been brought about first by making the Hospital a "home," fit for good young women, educated young women, to live in and pursue their calling in; and next, by raising the character of Nursing into a genuine calling by which nurses can earn an honorable livelihood.

Then from the Hospital Training School the area of the Trained Nurses' work became extended to private nursing—nursing the well-to-do—and latterly to that far more numerous class of patients who are either entirely destitute or only able to make a small contribution for the services of the nurse—and yet who are not fit subjects for hospital treatment.

It is especially and above all to this class that the Trained District Nurse has proved so great a boon. For the duties of a District Nurse more experience, more self-denial is wanted than for those of a Hospital Nurse or a Private Nurse, who have the Doctor always at hand to refer to, and have all the appliances of Hospital or Home at the service of the patient.

The success of District Nursing depends more than in Hospital and Private Nursing upon the character of the Nurse; and the character of the Nurse depends very much upon the nature of her training and the continuance of those helps, physical and moral, which the good Hospital "Home" has supplied to her.

These helps have been found in the system of District Nurses' Homes under trained superintendents which have been established here with so much success in London, Edinburgh, Dublin, and other large towns, and which you propose to adopt in Canada. Is it not to these Homes that you will have to look to train in District work and qualify for service in small towns and country places—pursuing their calling under periodical supervision and as members of a Society inspired by the "esprit de corps" of joint workers in a noble and Christian cause?

No doubt in some respects your population, especially in rural districts, differs much from that of an old country, and somewhat different methods will be required. Happily there does not exist with you that large number of sick poor who are unable to pay anything for the services of the nurse.

You are fortunate in having obtained the aid of Miss MacLeod in beginning the work. She seemed in the visit she was so good as to pay me to be thoroughly imbued with the true spirit required for District Nursing.

There is little fear but that any dissentient medical men will quickly learn from actual experience to appreciate the value to them of the District Nurse as an intelligent handmaid and not an interfering interloper.

Heartily do we wish success to the Victorian Nurses and to all Canadian workers in this good cause.

Need I say that I feel quite grieved and humiliated at having been so long in answering your kind good letter? Your kindness will at least admit my true excuse of a bad time in health which has scarcely allowed of my doing the most pressing duties.

Again and again I give you joy of your beneficient work, and I am overflowingly your servant.

(Signed) FLORENCE NIGHTINGALE.

(The original of this letter is written entirely by Miss Florence Nightingale's own hand.)

The Victorian Order of Nurses for Canada offers a post-graduate course in district nursing and social service work. The course takes four months, and may be taken at one of the Training Homes of the Order: Toronto, Ottawa, Montreal, Vancouver. For full information apply to the Chief Superintendent, 578 Somerset Street, Ottawa, or to one of the District Superintendents at 206 Spadina Avenue, Toronto, Ont.; 46 Bishop Street, Montreal, Que.; or 1300 Venables Street, Vancouver, B. C.

NURSES AS PUBLIC HEALTH TEACHERS

The Pennsylvania State Department of Health has one hundred and ten trained nurses engaged in the work of teaching the families of the poor who are afflicted with tuberculosis. In commenting on this work, Dr. Dixon, the State Health Commissioner, says that these women go into the homes of the poor, correct unsanitary methods of living, instruct householders in the principles of ventilation, and impress upon the housewife the importance of fresh air and wholesome food. These nurses in their work constantly meet with incipient cases of tuberculosis long before they would naturally come under the care of physicians, they bring them to the dispensaries, succeed in having medical advice given early, and are thus saving many lives. This entrance of the trained nurse into the field of preventive medicine is but the beginning of what may be expected. It is the trained nurse with the proper appreciation of the cause of disease who can best go into the homes in time of illness from various communicable diseases, and who can at the same time that she is helping with the nursing, teach the principles of prevention. It is the trained nurse in her visit to the home of the poor who can do more than anyone else to educate the housewife in domestic hygiene. It is she who can impress the lessons of proper ventilation, rational feeding, due regard for rest and sleep and wholesome living, all of which help to build up a resistance to the cause of disease and lead to a stronger and more rational race of men and women. It is she who can go into the home of the poor and teach the expectant mother proper methods of care for herself and her unborn, can prepare her for the proper care of her infant before birth and immediately after birth, and the care of the infant's food supply. She can set a high moral standard which must in time have its influence upon the peace of the world.

HOSPITALS AND NURSES.

British Columbia.

Miss E. Breeze, Superintendent of School Nursing in Vancouver, and Miss S. P. Wright, President of the Graduate Nurses' Association of British Columbia, leave in May for a two months' trip to Chicago, New York, and Toronto, to investigate school nursing in those cities.

Mrs. J. Craig, formerly Matron of the Port Angeles, Washington, General Hospital, has been appointed Superintendent of the General Hospital, Ladysmith. Mrs. Craig was previously in charge of the Stewart Hospital, B.C.

The plans for the new Provincial Royal Jubilee Hospital for Victoria, B.C., to cost $450,000, were submitted to Miss McCalmont, of New York, a hospital expert of wide experience. Several suggestions were made by Miss McCalmont, whose idea was to concentrate, thus conserving the energy of the nurses and reducing the cost of maintenance. The architect is incorporating the alterations decided on into his plans.

Alberta.

The Royal Alexandra Hospital, Edmonton, is to have a new wing of 80 beds, which will increase the total accommodation to 210 beds.

A Graduate Nurses' Association has been formed at Medicine Hat with an initial membership of 25. The following officers were elected: President, Miss Winslow; 1st Vice-President, Miss Kealy; 2nd Vice-President, Mrs. Kochane; Secretary, Miss Ford; Treasurer, Miss Auger. The executive committee consists of the officers and three other members—Miss Collin, Miss Taylor, and Miss Raymond.

Since the organization of the Association a Nurses' Registry has been established, with headquarters for the present at the General Hospital. The Registry is under the control and management of the Association.

Miss Margaret Dunne, graduate of Medicine Hat General Hospital, '12, has accepted a position in the Fernie General Hospital.

Miss A. Moore and Miss E. Willett, '13, Medicine Hat General Hospital, are on the staff of the hospital in Revelstoke, B.C.

Miss Margaret West, graduate of the Jeffrey Hale Hospital, Quebec, is in charge of the Isolation Hospital, Medicine Hat.

Miss Moore, graduate Barrie General Hospital, has gone East for a holiday.

Miss Collier, '07, Medicine Hat General Hospital, is spending the summer in California.

Miss Belle F. Raymond, class '10, Winnipeg General Hospital, has been appointed a staff nurse in the Medicine Hat General Hospital.

Ontario.

The annual meeting of the Ottawa Graduate Nurses' Association was held at the Clubhouse on April 13th. In the absence of the President, Miss Grace Moore, who was in Vancouver, Mrs. Robert Law presided. The reports of the Secretary and Treasurer were very encouraging. The Registrar, Miss Snow, also reported a most successful year for the Registry. There were 774 calls for nurses during the year. At the business meeting in March all the officers of last year were elected by acclamation, as follows: President, Miss Grace Moore; Vice-President, Mrs. Robert Law; Recording Secretary, Mrs. T. T. Hawkins; Treasurer, Mrs. E. E. Harriss. Board of Directors: Mrs. C. T. Ballantyne, Mrs. H. C. Church, Miss Catton, Miss Haldane, Miss McCall.

The regular monthly meeting of the Alumnae of the Ottawa General Hospital was held on Friday, May 1st. A large attendance was present, and after the regular business was transacted Rev. Dr. Sherry, of the Ottawa University, gave a most interesting lecture on Ancient Rome. A social hour was afterwards spent over the teacups.

Rev. St. Marie de Saureur, Superioress of the O.G.H., is seriously ill. Her many friends look forward to her speedy recovery.

Miss M. Storey, graduate O.G.H., '13, has accepted the position of head nurse on the Scarlet Fever Floor of the Ottawa Isolation Hospital.

Rev. Mother Irene, Superior of the Community of St. Joseph, accompanied by another member of the community, has left Toronto for Comax, B.C., to visit the four Sisters of the community, who, a year ago, left for that place to establish a hospital. The little band of missioners has done splendid work since going West and will be further encouraged by a visit from their Superior.

At the regular meeting of the Alumnae Association, held at St. Michael's Hospital, the "Toronto Chapter" of the Graduate Nurses' Association of Ontario, was discussed, as many of the members present had not been able to attend the mass meeting held recently. Seven young graduates promised to become members of the G.N.A.O. at once, which speaks volumes for the enthusiasm felt. When the "Toronto Chapter" is established we feel sure it will bring the nurses more in touch with one another. The nurses were also asked to remember the Heather Club Bazaar, which takes place in October. Nurses sending articles will please have a touch of color on them. Articles can be sent to Miss O'Connor at the hospital. This should appeal to all our nurses. Helping tuberculous children is surely a worthy cause.

The regular monthly meeting of the Kingston General Hospital Alumnae Association was held at the Nurses' Residence, on Tuesday, May 6th, the President, Mrs. Nicol, in the chair. There was a large attendance. An interesting paper on Florence Nightingale was read

by one of the members. Twenty-three names were proposed for membership to the Graduate Nurses' Association of Ontario.

Miss Grace Nourse, K.G.H., spent several days in Kingston, attending her brother's graduation at Queen's University.

Miss Alma Rowson, K.G.H., '13, has accepted a position in Wellesley Hospital, Toronto.

Hamilton: Miss Mina Rodgers, graduate of Hamilton City Hospital, has been appointed Superintendent of Berlin and Waterloo Hospital. For the past six years Miss Rodgers has been Superintendent of the General Hospital at Niagara Falls, Ont.

Miss Lewella Hannah, graduate of H.C.H., has accepted the position of nurse in charge of the Essex County Tuberculosis Hospital at Kingsville, Ont.

Miss Barbara Simpson, graduate of H.C.H., has resigned her position in that institution as Assistant Superintendent of Nurses.

Miss Lanaway has returned to the city to take up private nursing.

After June 1st at the Hamilton City Hospital there will be absolutely no Register for the graduate nurses, as a Central Registry has been established for any graduate who can show satisfactory credentials. Registrar, Miss Insole, 201 Jackson W.; Treasurer, Miss Bessie Sadler, 100 Grant Ave.

Miss Hunt, of the Lady Stanley Institute, Ottawa, and Miss S. McKay, Springhill Hospital, Nova Scotia, who have been doing private nursing in Vancouver, left for California early in May.

Miss Lena Davis, graduate of Toronto Western Hospital, Class '08, and Superintendent of Nurses, Provincial Hospital for Insane, is at her home in Beamsville, where she was nursing her father, who passed away on May 1st.

The formal opening of "The House for Nurses" in connection with the Woodstock General Hospital, by the Right Reverend J. C. Farthing, Lord Bishop of Montreal, took place on Monday, April 27th, at 3 p.m.

The new hospital at Chapleau was formally opened on April 16th.

A School Nurse is to be appointed in Chatham.

Miss Helena L. Read, graduate of Berlin and Waterloo Hospital, class '12, has gone to take a post-graduate course in the Polyclinic Hospital, New York.

Miss Clara Cunningham, graduate of Grace Hospital, Toronto, has gone to Saskatoon for the summer.

Collingwood: Miss Spearing, graduate of the G. & M. Hospital, class '11, has been appointed School Nurse at Fort William, Ont.

Miss M. E. Lord, graduate of the G. & M. Hospital, class '05, has taken up private nursing in Detroit, Michigan.

The Graduate Nurses entertained a number of their friends to a progressive euchre Thursday, April 16th.

The Graduating Exercises of the Class of 1914 of the Berlin and Waterloo Hospital took place on Friday evening, April 24th, when Mrs. Matilda Ballard, Miss Olive M. Crossen, and Miss Norah W. Merner received their diplomas. Rural Dean Andrew administered the Florence Nightingale Pledge. Diplomas and badges were presented by Mr. J. B. Hughes, Chairman of the Board. Addresses were given by Dr. Helen MacMurchy, Mr. C. P. Mills, M.P.P., Mr. W. G. Weichel, M.P., and Dr. C. Noecker. Mrs. Mowat, of Galt, Mrs. Lackner and Mrs. Conrad, of Waterloo, contributed musical selections, which were much enjoyed. The exercises closed with the National Anthem.

The May meeting of the Thunder Bay Graduate Nurses' Association is being held at the R. M. & G. Nurses' Home, Port Arthur, and a lecture on "Uses of Serums" given by Dr. Bryan.

Miss Gracia McDonald, graduate of St. Joseph's Hospital, Port Arthur, is making a speedy recovery from an operation for appendicitis.

Miss Patterson, Superintendent of R. M. & G. Hospital, Port Arthur, has gone East to Strathroy to attend the funeral of her mother.

Mrs. M. B. Harvey has gone to Montreal for a few weeks.

The sixth Summer Conference, under the auspices of the Dominion Council of the Young Women's Christian Association of Canada, will be held at Elgin House, Lake Joseph, Muskoka, Ont., on June 23rd to July 3rd. An interesting little booklet, outlining the course and giving necessary information, has been published. Write to Miss Mabel Ayer, 332 Bloor St. West, Toronto, for this booklet.

Miss J. Allen has gone to Moose Jaw, Sask., for an indefinite period.

Miss Jean Leach, graduate of the Toronto Western Hospital, has taken the position of night supervisor in the St. Barnabas Hospital, Newark, N. J.

Miss Ella Drysdale, graduate of the T.W.H., is spending the month of April in Kingston, Ont., where she is taking a qualifying course in the Military Hospital.

Miss Beckett, graduate of the T.W.H., has left for East Burnaby, B.C., where she intends spending a year with her sister.

About fifty graduates and nurses in training of the T.W.H. gathered at the home of Miss Cooper, Brunswick Ave., on the evening of March 23rd, for the purpose of giving Miss Jean Urquhart a miscellaneous shower. Miss Urquhart is a recent graduate of the hospital of April. The nurses were in masquerade and a very enjoyable evening was spent.

The regular monthly meeting of the T.W.H. Alumnae Association

was held on Friday, April 3rd, at the Nurses' Residence, 24 Rosebery Ave., with the president in the chair. There were ten members present. Dr. Clare, of the Provincial Hospital for the Insane, gave a very instructive and interesting lecture on Psychiatry.

Miss Turton, graduate of the T.W.H., spent the month of March at her home, Bradford, owing to the sad loss of her father, who died after a short illness.

The regular monthly meeting of the Toronto Central Registry Committee was held at the registry office, 295 Sherbourne St., Monday, April 6th, at 3 p.m. Miss C. Mitchell, convener, occupied the chair. Ten members were present.

Total calls for March were 425. Of these, 307 were personal. Two patients were assisted from the Central Registry Extension Fund.

The financial statement showed fees received in March, $175.00; sale of charts, $6.15; disbursements for the month, $148.50; balance in current account Dominion Bank, $142.06; on hand, $10.00.

Miss Parks, graduate of the Jewish Hospital, Brooklyn, N. Y., is going to the Welland Hospital, St. Catharines, as night supervisor. This will be pleasant for Miss Parks, as St. Catharines is her home town.

We regret having to report the illness of two of our nurses—Miss Elsie Ross and Miss Janet Clark—graduates of the Toronto General Hospital. We trust to hear of their speedy recovery.

The dance on St. Patrick's Day at the Toronto Graduate Nurses' Club, was a great success, about fifty guests being present. St. Patrick reigned everywhere, even the refreshments being carried out in the effective colors.

Miss Emma Hamilton gave a very successful St. Patrick's dance on March 16th at the club.

New Brunswick

The Alumnae of the St. John General Public Hospital has issued cards to all the graduates of the hospital, for a bridge and lunch to be held at the Brown Betty Tea Rooms on May 12th.

Miss Agnes D. Carson, graduate of the St. John General Public Hospital, and lately Directress of Nurses in the New York Polyclinic Hospital, is now Superintendent of the Detroit Home Nursing Association.

The annual meeting of the St. John Graduate Nurses' Association was held recently at Miss Hegan's private hospital. The following officers were elected: President, Mrs. M. Armstrong; First Vice-President, Miss E. P. Hegan; Second Vice-President, Miss Robertson; Treasurer, Miss E. J. Mitchell; Recording Secretary, Miss M. Fraser; Corresponding Secretary, Miss K. Holt; Executive Committee, Mrs. D. C. Malcolm, Miss A. Burns, Miss M. Munro. The name was changed

to the New Brunswick Graduate Nurses' Association, and all graduate nurses of the province are now eligible for membership.

NEWFOUNDLAND.

The report of the Tuberculosis Public Service, for the twelve months ending December 31, 1913, shows what has been accomplished in the Anti-Tuberculosis Campaign. There were three trained nurses and five probationers connected with the service. The Medical Officer states that his experience tends to show that nurses need some special training in Tuberculosis work. Literature has been prepared and distributed. The Tuberculosis Camp, at Mundy Pond, has been improved and enlarged. There is now accommodation for eleven patients, and rooms for the charge nurse, probationer, cook, and messenger. During the year twenty-four patients have been treated in the camp. The nurses made 11,577 visits to 177 houses. The work is all constantly supervised by the Nursing Superintendent and the Medical Officer. The progress of the work is shown by the increase in number of patients cared for. Patients attending dispensary—January, 8; June, 61; December, 74. Those attended at home during the same months were 30, 63, 46. St. John's Sanatorium will give the workers better facilities for coping with this disease.

UNITED STATES

The Annual Commencement of the Farrand Training School for Nurses, Harper Hospital, Detroit, was held on the evening of May 14th, when twenty-three nurses received their diplomas.

The Training School for Nurses of Cory Hospital, Pa., held its Commencement Exercises on April 15th, when six graduates received their diplomas. Two of these—Miss E. A. Harper and Miss A. B. Alexander—are Canadian women. Dr. A. L. Smith addressed the graduates and Dr. C. C. Waggoner administered the Hippocratic Oath. The diplomas were presented by Mr. F. A. Loveland, President of the Board, and the pins by Mrs. Whittlesey, President of the Hospital Aid. The exercises were further rendered enjoyable and impressive by interesting music. Dancing was enjoyed at the close.

At St. Andrew's Presbyterian Church, Hamilton, Ont., on April 29, 1914, by Rev. J. A. Wilson, Catherine Dalgleish, graduate of Hamilton City Hospital, to John Mitchell, of Saltfleet.

At Moncton, Ireland, on April 28th, Ethel Mary Kilkelly, of Moncton, Ireland, Graduate Ottawa General Hospital, Class '13, to Robert E. Reardon, of Ottawa, Ont.

Nine nurses were recently graduated at the Providence, R. I., City Hospital, they having completed a two-year course in the theory and practice of nursing contagious diseases. All of the graduates had formerly completed a course in general training at other local hospitals.

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BIRTHS

On February 5, 1914, at 300½ Seventh St., Calgary, Alta., to Mr. and Mrs. C. E. Robertson, a son. Mrs. Robertson (Miss B. E. Maclure) is a graduate of the Hospital for Sick Children, Toronto, class '08.

At Edmonton, Alta., on March 23, 1914, to Mr. and Mrs. S. D. Hogan, a son. Mrs. Hogan is a graduate of Ottawa General Hospital.

On February 27, 1914, in Toronto, to Mr. and Mrs. Will McKinnon, a son. Mrs. McKinnon (nee Blackwell) is a graduate of Grace Hospital, Toronto.

At Moose Jaw, Sask., on December 28, 1913, to Mr. and Mrs. Fortier, a daughter. Mrs. Fortier (nee Smith) is a graduate of Toronto Western Hospital.

At Toronto, on May 7, 1914, to Mr. and Mrs. Bell, a son. Mrs. Bell is a graduate of Toronto Western Hospital, Class '05.

At Brooks, Alta., on April 28, 1914, to Mr. and Mrs. D. Macadam, a daughter. Mrs. Macadam is a graduate of Winnipeg General Hospital, Class '12.

MARRIAGES

At Markham, Ont., on April 15th, 1914, Miss Jean Byron Urquhart, graduate of the Toronto Western Hospital, to Clarence Wellesley Henders, M.D., of Saintfield, Ont.

On April 28, 1914, at Vancouver, B.C., Miss Margaret Robertson, R.N., graduate of Vancouver General Hospital, Class '07, and late Superintendent of Nanaimo General Hospital, to A. G. King, C.E. Mr. and Mrs. King will reside in Parksville, Vancouver Island.

Mr. and Mrs. Charles Davey Brown, of Nith Grove, Haysville, Ontario, announce the marriage of their daughter, Frederica Sarah, to Colonel R. G. Steel, M.E., of Vancouver, B.C. Mrs. Steel is a graduate of the Hospital for Sick Children, Toronto, Class '07.

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THE NURSES' LIBRARY

"Transactions of the Canadian Society of Superintendents of Training Schools for Nurses," at its seventh annual meeting, held at Berlin, Ont., May 19 and 20, 1913, has been received. The appearance of this report now will enable those who attended the convention the opportunity of refreshing their memory of the many interesting papers and discussions that made this convention helpful and valuable. Those who could not be present will read with interest, so as to be ready to enjoy to the full the convention in Halifax this year.

"The Junior Nurse," by Charlotte A. Brown, R.N., Instructor in the Boston City Hospital; Graduate of the Boston City Hospital and Boston Lying-in Hospital Training Schools for Nurses; late Superintendent of the Hartford Hospital Training School, Hartford, Conn. 12 mo, 208 pages, illustrated. Cloth, $1.50, net. Lea & Febiger, publishers, Philadelphia and New York, 1914.

This volume, written by an experienced educator, is especially for the pupil nurse in the early months of her training. It would be helpful to young women who are seriously thinking of studying nursing if they could read the opening chapters on "Physical, Mental, and Moral Qualifications of the Nurse, The Ethical Relation of the Nurse to the Patients and their friends, to her Superior Officers, Hospital Staff, Fellow Workers; Her Duty to Herself, etc.

A fund of information that the student sometimes has difficulty in gathering is here presented so clearly as to be readily assimilable, thus making a good foundation for the more intricate studies later on. The illustrations are very helpful, especially those on bandaging. A full glossary is placed at the end of the book.

The Ninth Annual Report of The Margaret Scott Nursing Mission of Winnipeg shows the splendid work done by the Mission, a work which is ever increasing. The report also shows the great number of those interested in the Mission, and who give liberally to its support.

The total number of patients attended for the year ending October 1st, 1913, were 28,830, of these 5,212 were infants and sick children. In the Child Hygiene Department 14,882 visits were made. There were 1,810 babies on the list, with 61 deaths.

The nursing staff consists of Miss Beveridge, Head Nurse, and three others on the General Staff, two third-year nurses from the Winnipeg General Hospital for training in District Work, and three nurses in the Child Hygiene Department.

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The Canadian National Association of Trained Nurses.—President, Miss Mackenzie, Ottawa; Secretary, Miss H. A. Des Brisay, 56 Sherbrooke St. W., Montreal.

The Canadian Nurses' Association, Montreal.—President, Miss Phillips; Cor. Secretary, Miss H. A. Des Brisay, 56 Sherbrooke St. W., Montreal.

The Nova Scotia Graduate Nurses' Association.—President, Miss Pemberton, "Resthohm," Halifax; Secretary, Miss Kirke, Supt. Victoria General Hospital, Halifax.

The Graduate Nurses' Association of Ontario.—President, Mrs. Tilley; Rec. Sec., Miss I. F. Pringle, 310 Brunswick Ave., Toronto.

The Victorian Order of Nurses.—Miss Mackenzie, Chief Superintendent, 578 Somerset St., Ottawa.

The Guild of St. Barnabas for Nurses.

The Brockville Graduate Nurses' Association. President, Mrs. V. A. Lott; Sec., Miss M. Ringer.

The Collingwood G. and M. Hospital Alumnae Association.—President, Miss E. M. Dawson; Secretary, Miss J. E. Carr, Collingwood.

The Calgary Graduate Nurses' Association.—President, Miss McPhedran, General Hospital; Secretary, Mrs. J. W. Hugill, 828 Royal Ave.

The Edmonton Graduate Nurses' Association.—President, Miss Mitchell; Secretary, Miss Martin, 346 Victoria Ave.

The Ottawa Graduate Nurses' Association.—President, Miss Grace Moore; Secretary, Mrs. Hawkins.

The Galt General Hospital Alumnae Association.—President, Mrs. Wardlaw; Secretary, Miss Adair.

The Guelph General Hospital Alumnae Association.—President, Miss Armstrong; Cor. Sec., Miss Kropf, General Hospital.

The Hamilton City Hospital Alumnae Association.—President, Miss Brennan; Cor. Sec., Miss Bessie Sadler, 100 Grant Ave.

The London Victoria Hospital Alumnae Association.—President, Miss Gilchrist; Secretary, Miss McIntosh, Victoria Hospital, London, Ont.

The Kingston General Hospital Alumnae Association.—President, Mrs. Nicol; Secretary, Mrs. S. F. Campbell.

The Manitoba Association of Graduate Nurses.—President, Miss Cotter, Winnipeg; Secretary, Miss B. M. Andrews, 375 Langside St., Winnipeg.

The Montreal General Hospital Alumnae Association.—President, Miss Ethel Brown; Cor. Secretary, Miss Ethel Lee, 318 Grosvenor Ave., Westmount.

The Montreal Royal Victoria Hospital Alumnae Association.—President, Mrs. Stanley; Secretary, Mrs. Edward Roberts, 135 Colonial Ave., Montreal.

The Ottawa Lady Stanley Institute Alumnae Association.—President, Mrs. C. T. Ballantyne; Sec.-Treas., Mrs. J. G. Smith.

The St. Catharines G. and M. Hospital Alumnae Association.—President, Mrs. Parnall; Secretary, Miss E. M. Elliott.

The Toronto Central Registry of Graduate Nurses.—Registrar, Miss Ewing, 295 Sherbourne St.

The Toronto General Hospital Alumnae Association.—President, Miss M. E. Christie; Cor. Sec., Mrs. N. Aubin, 600 Manning Ave.

The Toronto Grace Hospital Alumnae Association.—President, Miss L. Smith; Secretary, Miss M. E. Henderson, 552 Bathurst St.

The Toronto Graduate Nurses' Club.—President, Mrs. Struthers, 558 Bathurst St.

The Toronto Hospital for Sick Children Alumnae Association.—President, Miss Leta Teeter; Cor. Sec., Miss C. Cameron, 137 Macpherson Ave.

The Toronto Riverdale Isolation Hospital Alumnae Association.—President, Miss McNeill; Secretary, Miss Annie Day, 86 Maitland St.

The Toronto St. Michael's Hospital Alumnae Association.—President, Miss O'Connor; Secretary, Miss Foy, 163 Concord Ave.

The Toronto Western Hospital Alumnae Association.—President, Mrs. Valentine; Cor. Sec., Mrs. MacConnell, 514 Brunswick Ave.

The Winnipeg General Hospital Alumnae Association.—President, Miss Hood; Secretary, Miss M. F. Gray, General Hospital.

The Vancouver Graduate Nurses' Association.—President, Miss C. C. Trew; Secretary, Miss Ruth Judge, 811 Thurlow St.

The Vancouver General Hospital Alumnae Association.—President, Miss Ruth Judge; Secretary, Miss H. Mackay, 3476 Powell St.

The Victoria Trained Nurses' Club.—President, Miss G. H. Jones; Secretary, Miss H. G. Turner.

The Florence Nightingale Association, Toronto.—President, Miss I. F. Pringle; Secretary, Miss J. C. Wardell, 113 Delaware Ave.

Nicholl's Hospital Alumnae Association, Peterboro.—President, Miss Ferguson; Secretary, Miss B. Mowry, Supt. Queen Mary Hospital.

The Canadian Public School Nurses' Association.—President, Mrs. Struthers; Secretary, Miss E. M. Macallum, 166 Carlton St., Toronto.

The Graduate Nurses' Association of Thunder Bay.—President, Mrs. J. W. Cook; Secretary, Miss L. Regan, St. Joseph's Hospital, Port Arthur, Ont.

The Medicine Hat Association of Graduate Nurses.—President, Miss V. L. Winslow; Secretary, Miss Ford, General Hospital, Medicine Hat, Alta.

The Alumnae Association of Ottawa General Hospital.—President, Miss Margaret Brankin; Secretary, Miss P. Redmond, 125 Nicholas St.

The Graduate Nurses' Association of Berlin and Waterloo.—President, Mrs. Bilger; Secretary, Miss Elsie Masters, 27 Ellen St. E., Berlin, Ont.

The Graduate Nurses' Association of Sarnia.—President, Miss Douglas; Secretary, Miss Parry.

The Eastern Townships Graduate Nurses' Association.—President, Miss Orford; Secretary, Miss Helen Hetherington, 29 Queen St., Sherbrooke, Que.

Newfoundland Graduate Nurses' Association.—President, Miss Southcott; Secretary, Miss Borden, General Hospital, St. John's.

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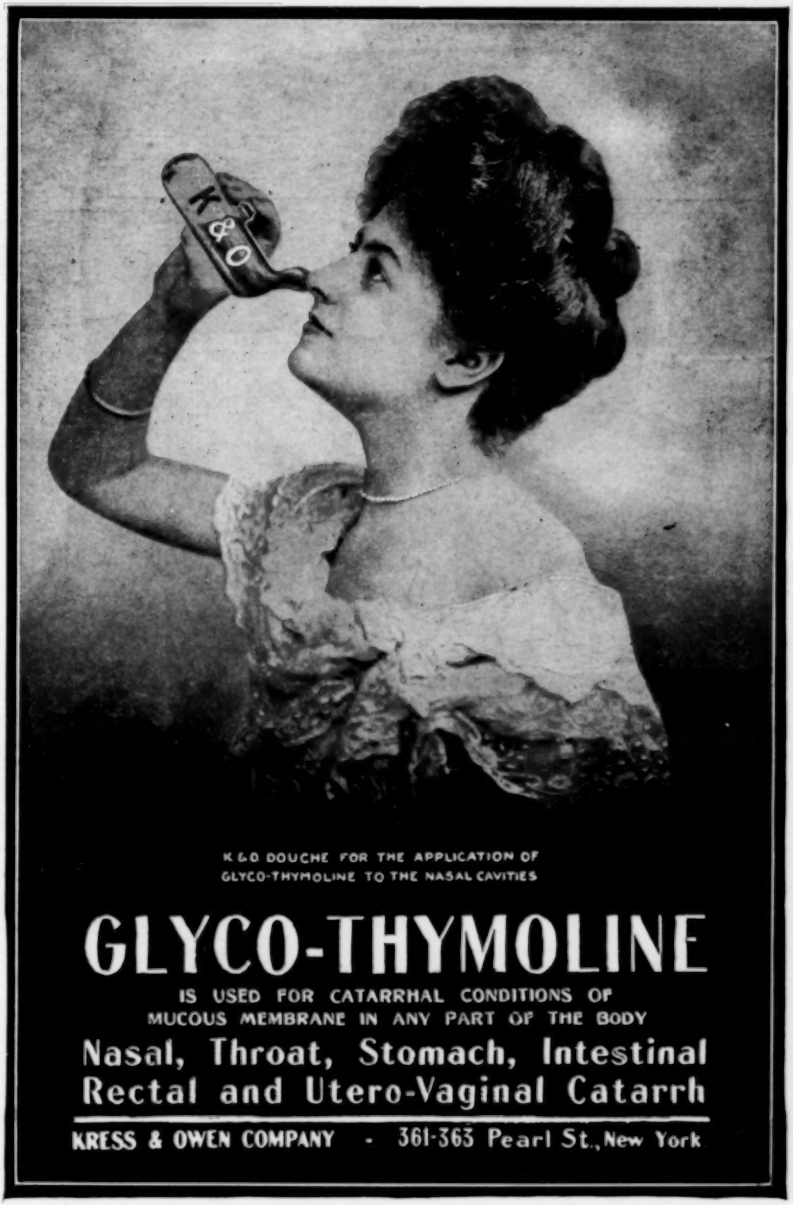
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